

WITHDRAWAL FORM



All sections to be filled legibly in English and in BLOCK LETTERS. Please strike unused section to avoid unauthorised use. Your withdrawal will be made in the same name as your existing investment. *(Please fill form in Adobe Acrobat pdf reader)*

1 Investor Details

Customer ID Main Investor

Full Name

Phone Number

ID Number ID Type

Joint Applicant/Trustee/Power of Attorney (Please indicate by ticking (✓) the appropriate box below)

Joint Investor Trustee Power of Attorney

Full Name

Phone Number

ID Number ID Type

2 Withdrawal Instruction

Please indicate by ticking (✓) the appropriate box below for the investment you want to withdraw from, and provide the amount (GHS) you want to withdraw as well as whether you are doing a full or partial withdrawal.

Bank Transfer Open Cheque Closed Cheque

Investment Account	Amount (GHS)	Full / Partial Withdrawal
<input type="checkbox"/> Discretionary / Non-Discretionary Clients	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Provident Fund	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> kiddiFUND	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Mutual Fund	<input type="text"/>	<input type="text"/>

Amount in Words

3 Banking Details

Payments to third parties are permitted under Power of Attorney and ITF ONLY.

Account Name

Bank Branch

Account Number Branch Code

PAYMENT INDEMNITY

I/We hereby indemnify Tesah Capital Limited against any further claim or liability (due to but not limited to loss of cheque, providing wrong account or mobile money wallet details, etc) in respect of payments made to me upon instructions from me.

4 Investors Signature - All investors must complete this section investment Policy Instructions

Main Investor Director

Signature Date Signed

Place Signed

Full name

Joint Investor Trustee Power of Attorney Director Secretary

Signature Date Signed

Place Signed

Full name

If you are signing under a Power of Attorney, please supply a certified copy of the Power of Attorney with specimen signature.

Internet connection required to submit form.

Please return your completed forms to: Tesah Capital Limited, 2nd Floor, Allied Heights, Olusegun Obasanjo Way, Abelenkpe-Accra
Email: clientservice@tesahcapital.com

For Official Use Only

5 Requirement Checklist

S/N	Documents Required. Originals of all documents MUST be seen	Checked	Deferred	Waived	N/A
001	Duly Completed Withdrawal Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
002	Valid ID for Investor 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
003	Valid ID for Investor 2/Trustee/POA/Director/Secretary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
004	Copy of Duly Completed Electronic Mail Indemnity Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6 Verification & Authorization

Documents Verified By:	Deferral / Waiver of Document (If Any) Authorized By:
Name	Name
<input type="text"/>	<input type="text"/>
Signature	Signature
<input type="text"/>	<input type="text"/>
Date	Date
<input type="text"/>	<input type="text"/>

Withdrawal Processed By:	Withdrawal Authorized By:
Name	Name
<input type="text"/>	<input type="text"/>
Signature	Signature
<input type="text"/>	<input type="text"/>
Date	Date
<input type="text"/>	<input type="text"/>